

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO:

**CALIFORNIA DEPARTMENT
OF TOXIC SUBSTANCES
CONTROL**

2006 Annual Facility Report

FORM

CO

**CEASED OPERATING AS A
PERMITTED OR
INTERIM STATUS
HAZARDOUS WASTE
FACILITY**

INSTRUCTIONS: Please read the 2006 CO form instructions located in **Appendix F** before completing this form.

Sec. I

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Prior Authorization
___ Permit
___ Interim Status

B. Date of Permit

Month Day Year

C. Date of Interim Status

Month Day Year

D. Current Permit Status
___ Ceased Operating
___ Converted to lower
tier permitting
___ Permit Rescinded
___ Permit Withdrawn

E. Date Ceased Operating all
permitted units

Month Day Year

F. Date all units were converted
to tier permitting

Month Day Year

G. Converted all Units to
___ Permit by Rule
___ Conditionally Authorized
___ Conditionally Exempt
___ Less than 90 days storage
___ Other _____

H. Date facility notified
DTSC of closure

Month. Day Year

I. Is facility applying for Post-
Closure Permit?

___ Yes
___ No

J. Date of facility Closure
Certification/verification

Month Day Year

Comments: List any other closure activity below

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**CALIFORNIA DEPARTMENT OF
TOXIC SUBSTANCES
CONTROL**

2006 Annual Facility Report

FORM

CC

**CLOSURE & POST-CLOSURE
COST ESTIMATE AND
ENVIRONMENTAL
MONITORING DATA**

INSTRUCTIONS: Please read the 2006 CC form instructions located in Appendix F before completing this form.

**Sec. I CLOSURE AND POST-
CLOSURE COST ESTIMATES**

Full Permit, Interim Status Facilities, or Standardized Permit Facilities

A. Type of Estimate
☐ Closure Cost
☐ Post-Closure Cost

B. Total Cost Estimate

C. Type and capacity of units (Please check type and unit of measurement)

<input type="checkbox"/> Storage	_____	Gallons _____ Tons
<input type="checkbox"/> Treatment	_____	Gallons _____ Tons per month
<input type="checkbox"/> Disposal	_____	Gallons _____ Tons per month
<input type="checkbox"/> Incineration	_____	Gallons _____ Tons per month
<input type="checkbox"/> Open Burn/Detonation	_____	Gallons _____ Tons per month
<input type="checkbox"/> Other	_____	Gallons _____ Tons per month
Specify Other	_____	

**Sec. II ENVIRONMENTAL
MONITORING DATA**

Please do not submit monthly data. Describe the type and form of monitoring data that is maintained on-site for inspection.

Comments: